

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/509032

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10	1		1				60						
11		1		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		2		1			71						
22		2		1			72						
23		2		1			73						
24		2		1			74						
25		2		1			75						
26		2		1			76						
27		2		1			77						
28		2		1			78						
29		2		1			79						
30	1		1				80						
31		1		1			81						
32	1		1				82						
33		3		2			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			34				TOTAL CLAIMS						